

Migraine

headaches

Take control!

- Learn your triggers
- Know your symptoms
- Treat promptly
- Be prepared

40 WAYS
to find relief

ARE YOU
DOING ALL
YOU CAN
TO PREVENT
MIGRAINE?

“I’m fighting back against Chronic Migraine!”

Sticking with her treatment
has given Emilie relief
from her headaches

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER

Guide to living well with

Migraine

headaches



Actress **Jennie Garth** learned that treating early was the key to stopping her migraines.



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of headache; support research; and
educate the public about it.

The AHMA
exists to E.A.S.E.
the burden of
Migraine and other
Headache Disorders through Education,
Awareness, Support, and Engagement.



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Life is good— even with migraine!

Going to a movie with friends. Taking a walk in the park. A dinner date. If you've been living with migraine, you've probably had to cancel activities like these more than once—but no more! “Treatments are better than ever,” says Pam Santamaria, MD, a neurologist at the Nebraska Medical Center in Omaha. “Whether you’re trying to prevent your migraines or you’re treating them as they happen, there’s no need to suffer.”

Just ask 43-year-old Jane M. of North Scottsdale, AZ. A few years ago, Jane had to take a leave of absence from her job as a legal assistant because constant migraine headaches were forcing her to stay locked in her bedroom with the shades drawn for days each and every week. Then her doctor told her about new preventive treatments. “Now I have a headache only once a month!” Jane says. “I’m able to work again—it gave me my life back!”

New avenues to relief

Whether you suffer from episodic migraines (the kind that occur on fewer than 15 days per month) or chronic ones (which strike at least 15 days per month, each lasting four hours or more), partnering with your healthcare provider like Jane did is key. It’s the best way to find out about the newest treatments and take advantage of the latest learning.

For the first time in more than a decade, the American Academy of Neurology (AAN) published guidelines in 2012 on the prevention of migraines, identifying nearly a dozen effective medications and complementary treatments.

What’s more, nearly 50% of patients could benefit from such preventive therapies, says Stephen D. Silberstein, MD, professor of neurology and director of the Jefferson Headache Center at Thomas Jefferson University in Philadelphia.

Experts also now have a deeper understanding of what triggers migraines and how to find faster relief. A pivotal finding: Treating a migraine quickly helps the medication work better.

What you can do

If you’re one of the nearly 30 million Americans who suffer from migraine, it’s time to take a stand. Start by learning about your headaches—what type you have and what triggers them—and exploring your options, whether you’re preventing or treating as they happen. That’s where this guide comes in handy. Get comfortable in your favorite armchair and read on.

You’ll get tips and real-life inspiration, which will help you turn the tables on migraine, just like Jane. “You don’t have to live with the constant pain,” Jane says. “There are so many options now—something will work for you!” 

What's causing your head pain?



Is it a dull pain that wraps around your head? A throbbing on just one side? Is your headache accompanied by nausea or maybe a fever? The answers make a real difference in determining the type of head pain you're experiencing and, in turn, your most effective route to relief. Yet headache sufferers are often at a loss, or worse, misidentify and mistreat the culprit. For example, one study found that 86% of people thought they were having a sinus headache when they were actually suffering a migraine. If headache seems to be a part of your life, read on to find out exactly what's ailing you.

Tension-type: The most common headache, tension-type headaches usually cause only mild to moderate pain. The discomfort typically begins in the forehead, temples or the back of your head or neck. It creates a tightening band-like sensation around your head, or a feeling of pressure or tightness in head and neck muscles. The headaches often occur after feeling stressed, anxious, fatigued or angry.

Migraine: Migraine begins as a dull ache that develops into a constant throbbing and pulsating pain, often near the temples, as well as the front or back of one or both sides of the head. The pain is often accom-

panied by nausea, vomiting, and/or sensitivity to light and noise. Some may see "aura" (see page 5 to learn more) before the headache strikes.

Chronic Migraine: If you have 15 or more headache days a month, each lasting four hours or more, you may have Chronic Migraine.

Sinus: These types of headaches typically cause throbbing pain and a feeling of pressure around your eyes, cheeks and forehead. The pain will usually worsen if you bend or lie down. They develop when your sinuses become swollen, usually due to allergies or a sinus infection. Your

Migraine checklist

Many of the symptoms of a migraine are unique to that type of headache. If you're experiencing at least two of the symptoms below—either before or during your headache—let your healthcare provider know.

- Blurred vision
- Dizziness
- Fatigue/sleepiness
- Nausea
- Sensitivity to light
- Sensitivity to sound
- Vomiting
- Light-headedness/feeling faint
- Sweating or cold hands
- Diarrhea
- Other: _____
(please specify)

sinuses will often be blocked, so you may not be able to breathe well through your nose, and your sense of taste or smell may be diminished. If the cause is an infection, you'll likely have a low fever, and may have green or yellow nasal discharge, a sore throat, soreness in your jaw or teeth, a cough, and/or fatigue.

Rebound: This type of headache occurs if you take acute pain relievers too often (more than twice a week) or use more than the recommended dosage to treat a headache. Typically, as soon as the medication wears off, the headache comes back. As a result, you can be battling a headache almost daily, often being awakened by pain early in the morning. You may also experience neck pain, irritability, difficulty concentrating and depression.

Cluster: Cluster headaches come in groups and typically strike without warning. The head pain, which is severe, often occurs on only one side of the head, and may cause the eye to tear and turn bloodshot, and your nose to run on the same side as the headache. They often begin in the middle of the night and may last for weeks or months. Their cause is not completely known, but researchers believe they may be the result of a chemical reaction in the brain. 

The 4 stages of migraine

Sensitivity to light and sound. Flashing lights and patterns that make it hard to see. Nausea and vomiting. If you have migraines, you're familiar with these symptoms. But did you know they characterize the various stages of migraine—and that cuing into them can be the key to more effective treatment? Read on to learn more.

1 Prodromal (early warning)

- **When it happens:** Several hours to up to two days in advance.
- **Frequency:** About 60% of those with migraines will experience this phase.
- **Possible symptoms:** Anxiety, unexplained energy or feelings of euphoria, irritability, difficulty concentrating, food cravings, sensitivity to smells or noise, fatigue with frequent yawning
- **What to do:** Take the pain reliever your doctor recommended or prescribed. Doing so right now can help you avoid a full-on migraine. This is also a good time to think about possible triggers—for example, ask yourself what you've eaten or had to drink, how stressed you are and how much sleep you've had.

2 Aura phase (pre-migraine)

- **When it happens:** About an hour before to right when the headache strikes.
- **Frequency:** About 20% of those with migraines experience this phase, but not necessarily with each migraine.
- **Possible symptoms:** Changes in vision, such as flickering, shimmering or flashing lights, tunnel vision, difficulty focusing, spots of vision loss or zigzag lines that cross your line of sight; skin sensations, such as numbness in your extremities or feelings of tingling or "pins and needles" in the face or hands; trouble speaking, writing or understanding words; muscle weakness
- **What to do:** Immediately take a pain reliever or the medication you've been prescribed for your migraine. Make sure you have your migraine tool kit (see page 23) handy and avoid any triggers.



3 Attack phase (during headache)

- **When it happens:** This is when the actual headache strikes; it can last for hours up to several days.
- **Frequency:** 100% if the migraine is untreated.
- **Possible symptoms:** Throbbing or pulsing pain ranging from mild to severe, often on one side but sometimes both sides of the head; sensitivity to light, sounds and sometimes smells; nausea and vomiting; blurred vision; light-headedness and/or fainting
- **What to do:** Immediately take a pain reliever or medication you've been prescribed for your migraine. Relax in a cool, dark, quiet setting.

4 Postdromal (after headache)

- **When it happens:** After the attack phase has subsided, and lasting for a few hours up to two days.
- **Frequency:** Most people who experience the attack phase will experience some form of postdromal phase.
- **Possible symptoms:** Extreme fatigue, sluggishness, confusion, irritability, head pain if you move too quickly or bend over
- **What to do:** If you've been taking acute pain relievers, start to cut back so you avoid a rebound headache. Continue to rest and avoid stress or other common triggers. 



Phases of a migraine

1. Prodromal: 24-48 hours
2. Aura phase: 1 hour
3. Attack phase: 4-72 hours
4. Postdromal: 24-48 hours

Steer clear of your triggers!

For some, skipping a meal sets off a migraine. For others, it's sunlight. Whatever your triggers, if you get exposed here's what happens: Your body releases chemicals that irritate nerve endings on blood vessels and the brain's surface—and that, in turn, leads to migraine. The silver lining: You can help reduce migraines by identifying and avoiding the culprits that set off your head pain. Common triggers include:

Food/food additives.

While food triggers tend to be unique for each individual, there are some that are more common. Here are some of the more likely ones, according to the National Headache Foundation and American Headache Society:

- Aged cheeses (such as blue cheese and Cheddar)
- Processed meats with nitrates or nitrites (such as bacon and hot dogs)
- Monosodium glutamate (MSG) (often found in soy sauce, meat tenderizers and seasoned salts)
- Artificial sweeteners
- Alcohol (particularly red wine)
- Coffee, tea and other sources of caffeine

Dehydration. Thirst can spark a migraine; stay hydrated by drinking plenty of water throughout the day.



Odors.

Perfume and/or certain scented cleaning products can trigger a headache.

Food temperature. Very hot (such as hot soup or coffee) and very cold (such as ice cream) foods can trigger a migraine in some.

Skipping a meal. Migraine sufferers' bodies crave predictability.

Glare. Nearly 90% of migraine sufferers are sensitive to light. In a study in *Nature Neuroscience*, researchers found a pathway in the brain that links the visual system to that which produces head pain.

Changes in your routine.

Migraine sufferers are sensitive to schedule changes, such as sleeping too much or too little.

Hormone changes. Sixty percent of women who suffer from migraines do so when estrogen levels drop (such as before menstruation).

Eyestrain. Particularly from staring too long at a computer screen, or attempting to read too-small text or in low light.

Stress. Everyday hassles like running late for an appointment or working long hours to meet a deadline can cause nerve irritation and inflammation. Experiencing "let-down" after stress can have the same effect. "[The migraine] doesn't happen when you finish your deadline, but it can happen the next day," says Stephen D. Silberstein, MD, professor of neurology and director of the Jefferson Headache Center at Thomas Jefferson University in Philadelphia.



Intense exercise. It sparks the release of nitric oxide—a chemical that can cause nerve irritation—into the bloodstream.

Cigarette smoke. It can cause nerve irritation.

A change in temperature.

Going from a cold air-conditioned room to hot outdoor temperatures in the summer, or a chilly winter day to a warm room, can spark a migraine.

A change in pressure. Changes in barometric pressure can alter your body's chemical balance. ☀

Web extra! Is sleep a trigger for you? Find tips on how to get a good night's rest at HealthMonitor.com/MigraineSleep



Your weekly migraine journal

Use this diary to pinpoint your triggers—and find out how well your treatments are working.

DATES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
What I ate before my headache							
How much slept the night before							
What activities I did that day							
What the weather was like (include temperature, humidity and barometric pressure)							
Rate the severity of your pain (0 = no pain, 10 = severe pain)							
Describe the type of pain (throbbing, band-like) and its location (in the temples, etc.)							
Note any other symptoms (nausea, aura, etc.)							
Treatments (and doses)							
Note how long it took for you to get relief							

Your healthcare team

It helps to have an expert in your corner when you're battling a condition as challenging as migraine. Here are the healthcare providers who can help you develop the best strategy for overcoming your pain:



- **A neurologist** specializes in disorders of the brain and nervous system. Look for one who is board-certified in pain or headache medicine.
- **A board-certified internist or family physician** with a background in pain management and/or headache medicine can diagnose and treat migraine.
- **A physical therapist** can teach exercises to reduce neck tension, which is common among migraine patients. He or she may also teach or recommend other physical activities, such as yoga, that have been proven to ease symptoms.
- **A nurse practitioner (NP) or physician assistant (PA)** can diagnose and treat migraine.
- **A psychologist or neuropsychologist** can help you learn to better manage stress, which often triggers migraine, and can teach you biofeedback (learn more about biofeedback on page 21). A psychologist can also help you cope with depression and/or anxiety.
- **A sleep disorder specialist** can diagnose conditions that may be contributing to your migraines. 



We can change
the course of
this disorder

so little can do so much

36 million
migraine
campaign

Join us and make the difference

To learn more, visit us at www.AmericanMigraineFoundation.org

How medications can help

Great news: Your chances of getting life-changing relief from migraines are better than ever, thanks to a growing number of treatment options, including proven ways to *prevent* migraines, according to the latest guidelines from the American Academy of Neurology. Preventive therapies calm your

hypersensitive nervous system so you experience fewer flare-ups. When a migraine does occur, it is usually less intense. Of course, during an episode, you can still turn to

acute medications to help ease the pain quickly. Ask your healthcare provider about the medications in the chart below to find the right approach for you. 

	MEDICATION	HOW IT IS GIVEN	HOW IT WORKS
PREVENTIVE	Antiepileptic (divalproex sodium, sodium valproate, topiramate)	Pill or syrup	Stabilizes nerve cells in the brain, making them less easily activated
	Antidepressant (amitriptyline, venlafaxine)	Pill	Boosts levels of the brain chemical serotonin, which helps calm the nervous system
	Beta-blocker (metoprolol, propranolol, timolol)	Pill or injection	Blocks the release of stress hormones like adrenaline and epinephrine, which can trigger migraines
	Nonsteroidal anti-inflammatory drug (NSAID) (fenoprofen, ibuprofen, ketoprofen, naproxen)	Pill, oral solution, injection	Relieves inflammation and pain. These medications are often prescribed on a short-term basis to women with menstrual migraines and patients who are suffering from other types of pain, such as back and/or neck
	Onabotulinum toxin A (a purified organic product; for Chronic Migraine only)	Injection (in a few locations)	Quiets hyperactive nerve cells; blocks muscle contractions in the head, neck and face; and blocks the release of inflammatory chemicals associated with migraine pain
	Triptan (frovatriptan for short-term prevention of menstrual migraines)	Injection, nasal spray, pill	Prevents nerves on the surface of the brain from transmitting pain signals, reduces inflammation and shrinks swollen blood vessels
ACUTE	Antinausea (metoclopramide, prochlorperazine)	Pill, liquid, suppository	Relieves nausea and migraine pain
	Dihydroergotamine (DHE)	Injection or nasal spray	Blocks pain, reduces inflammation and shrinks swollen blood vessels
	Nonsteroidal anti-inflammatory drug (NSAID) (acetaminophen, diclofenac, ibuprofen, naproxen)	Pill, oral solution, injection	Relieves inflammation and pain
	Triptan/NSAID combination (sumatriptan and naproxen sodium)	Pill	Relieves inflammation, blocks pain and shrinks swollen blood vessels
	Triptan (almotriptan, frovatriptan, naratriptan, sumatriptan)	Injection, nasal spray, pill	Prevents nerves on the surface of the brain from transmitting pain signals, reduces inflammation and shrinks swollen blood vessels

Fight back against Chronic Migraine

If it feels like Chronic Migraine is limiting your life, take a note from Emilie Davidson Hoyt. After spending much of her childhood lying in bed, she never dreamed she'd one day found her own company. Yet today the entrepreneur is testament to why you should never give up hope on finding your path to relief. **BY LINDSAY BOSSLETT**

Missing out, feeling alone: For Emilie Davidson Hoyt, it was a part of life—all because of debilitating headaches that kept her on the sidelines for as long as she can remember. "I'd be in bed crying and hearing my family at the dinner table for Thanksgivings, for my own birthday parties, for movie nights. I was in bed way too much," recalls the now 39-year-old Pasadena, CA, resident.

Eventually Emilie's doctor suspected the headaches were migraines. "He referred me to a neurologist, who confirmed the diagnosis," she says.

"For a few years, I tried nearly everything, from medications to herbs and acupuncture to biofeedback," says Emilie, a supporter of the National Headache Foundation for migraine awareness and education, and a recipient of the group's prestigious Patient Partners and Golden Trumpet awards.

But it wasn't until doctors realized she was suffering from Chronic Migraine that Emilie had a treatment breakthrough. "I opted for a preventive approach, including injections and daily meds." It turned out to be just the strategy she needed. "I had to stick with it for a while—relief didn't happen right away. But I trusted my doctor and kept up with the treatments," says Emilie, "Now I get migraines only three or four times a year. It's like a miracle!"

"NOW I GET MIGRAINES ONLY THREE OR FOUR TIMES A YEAR," SAYS EMILIE. "IT'S A MIRACLE!"

What is Chronic Migraine?

For migraine sufferers like Emilie, life-disrupting symptoms, such as head pain and nausea, last indefinitely. The condition is

called Chronic Migraine, and it's diagnosed when you experience 15 or more headache days a month, each lasting four hours or more. It's far more debilitating than an occasional, or episodic, migraine. "An episodic migraine has a beginning and an end," says Roger K. Cady, MD, founder and medical director of the Headache Care Center in Springfield, MO. "When it ends, a person's nervous system returns to normal." With Chronic Migraine, the nervous system has less time to recover between headaches, so you may never feel completely pain-free.

Who's at risk?

Anyone who has a family history of Chronic Migraine or suffers from episodic migraine is at risk. And the more frequent your migraines, the more vulnerable you are, since they can cause your nervous system to become more sensitive.

Gender also plays a role, as the condition is more common among women. Being overweight matters, too—having a body mass index of 30 or above means you have five times the risk of Chronic Migraine compared



to people of normal weight, according to a National Institute of Aging study. Other factors include depression, anxiety and being overly sensitive to pain.

Finding your path to relief

Conquering Chronic Migraine usually requires a combination of medication and lifestyle changes—as it did for Emilie—such as getting enough shut-eye, limiting caffeine intake to no more than 200 mg. (the amount in about 10 oz. of coffee) and monitoring use of pain medications.

Sound like a lot to juggle? Take heart! By working closely with your healthcare provider and having patience, you can find the combination that makes a difference for you.

Turning the tables on Chronic Migraine

In a twist of fate, it was Emilie's experience with Chronic Migraine that led to her entrepreneurial success. "My business, Lather (lather.com), was inspired by my sensitivity to perfumes and synthetic fragrances. As a child, I learned that some of

my headaches were triggered by the fragrances found in beauty products. So Lather sells products that contain natural ingredients and pure essential oils, and no synthetic fragrances or colors. "This year, I will be celebrating 15 years in business, and I couldn't be happier!" In addition, Emilie uses these strategies to stay on top of her treatment plan and keep positive. Ask your healthcare provider if they might work for you, too.

• **Use a tracker.** "A good first start is to understand your migraines. I am a big believer in headache tracking. A lot of the time people with migraine feel a loss of control. By tracking your migraines, you can get that control back. You can learn your triggers and then avoid them." To help you get started, use the headache diary on page 7.

• **Do whatever it takes—and don't give up!** "I tell anyone who has migraines to take whatever approach works best for them—medication, diet, acupuncture, etc. Migraine is a complicated disease and there is not a one-size-fits-all solution. That's why it's so important to keep trying treatments until you find one that works."

• **Don't downplay your headaches.** "The type of chronic pain that migraine can cause can be very damaging, and one of the worst things you can do is to minimize the effect it might be having on you," Emilie cautions. "It can be embarrassing to call off a date with friends or call out of work because of a 'headache'—but it's *not* just a headache. It's a medical condition, and it's okay to treat it like one. Feeling guilty will probably just stress you out and make the migraine last longer." 

Are you a candidate for preventive therapies?

It's possible to short-circuit migraines before they start with preventive therapies. These therapies are designed to reduce the frequency and severity of attacks. You might benefit if:

- You aren't getting relief from acute medications or you can't tolerate them.
- Your migraines strike more than once a week or you need to take headache-relieving meds more than a few times per week.
- You're getting complicated forms of migraine (with aura).
- Your migraines are interfering with your life.

IMPORTANT SAFETY INFORMATION [Continued]

Do not take BOTOX® (onabotulinumtoxinA) if you: are allergic to any of the ingredients in BOTOX® [see Medication Guide for ingredients]; had an allergic reaction to any other botulinum toxin product such as *Myobloc®* (rimabotulinumtoxinB), *Dysport®* (abobotulinumtoxinA), or *Xeomin®* (incobotulinumtoxinA); have a skin infection at the planned injection site.

The dose of BOTOX® is not the same as, or comparable to, another botulinum toxin product.

Serious and/or immediate allergic reactions have been reported. These reactions include itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you experience any such symptoms; further injection of BOTOX® should be discontinued.

Tell your doctor about all your muscle or nerve conditions such as amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including severe dysphagia (difficulty swallowing) and respiratory compromise (difficulty breathing) from typical doses of BOTOX®.

Tell your doctor about all your medical conditions, including if you: have or have had bleeding problems; have plans to have surgery; had surgery on your face; weakness of forehead muscles, such as trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; are pregnant or plan to become pregnant [it is not known if BOTOX® can harm your unborn baby]; are breastfeeding or plan to breastfeed [it is not known if BOTOX® passes into breast milk].

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal products. Using BOTOX® with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.**

Especially tell your doctor if you: have received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as *Myobloc®*, *Dysport®*, or *Xeomin®* in the past [be sure your doctor knows exactly which product you received]; have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take anti-platelets (aspirin-like products) or anti-coagulants [blood thinners].

Other side effects of BOTOX® include: dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, and eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.

For more information refer to the Medication Guide or talk with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please refer to full Medication Guide including Boxed Warning on the following pages.



**For adults with Chronic Migraine,
15 or more headache days a month,
each lasting 4 hours or more,**

BOTOX® is the first and only preventive treatment proven to reduce headache days every month.

BOTOX® is the only FDA-approved, preventive treatment that is injected by a doctor every 3 months for people with Chronic Migraine. BOTOX® prevents up to 9 headache days a month, versus up to 7 days for placebo. BOTOX® is not approved for adults with migraine who have 14 or fewer headache days a month.

BOTOX® is a prescription medicine that is injected to prevent headaches in adults with Chronic Migraine who have 15 or more days each month with headache lasting 4 or more hours each day in people 18 years or older. It is not known whether BOTOX® is safe or effective to prevent headaches in patients with migraine who have 14 or fewer headache days each month (episodic migraine).

IMPORTANT SAFETY INFORMATION

BOTOX® may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®:

- **Problems swallowing, speaking, or breathing,** due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months.

- **Spread of toxin effects.** The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice (dysphonia), trouble saying words clearly (dysarthria), loss of bladder control, trouble breathing, trouble swallowing. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.**

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX® has been used at the recommended dose to treat Chronic Migraine.

Please see additional Important Safety Information on adjacent page.

**FOR ADULTS WITH
CHRONIC MIGRAINE**



Find a headache specialist near you at
BotoxChronicMigraine.com

MEDICATION GUIDE

BOTOX® and BOTOX® Cosmetic (Boe-tox) (onabotulinumtoxinA) for Injection

Read the Medication Guide that comes with **BOTOX** or **BOTOX Cosmetic** before you start using it and each time it is given to you. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. You should share this information with your family members and caregivers.

What is the most Important Information I should know about BOTOX and BOTOX Cosmetic?

BOTOX and BOTOX Cosmetic may cause serious side effects that can be life threatening, including:

- **Problems breathing or swallowing**
- **Spread of toxin effects**

These problems can happen hours, days, to weeks after an injection of **BOTOX** or **BOTOX Cosmetic**. Call your doctor or get medical help right away if you have any of these problems after treatment with **BOTOX** or **BOTOX Cosmetic**:

1. Problems swallowing, speaking, or breathing. These problems can happen hours, days, to weeks after an injection of **BOTOX** or **BOTOX Cosmetic** usually because the muscles that you use to breathe and swallow can become weak after the injection. Death can happen as a complication if you have severe problems with swallowing or breathing after treatment with **BOTOX** or **BOTOX Cosmetic**.

• People with certain breathing problems may need to use muscles in their neck to help them breathe. These people may be at greater risk for serious breathing problems with **BOTOX** or **BOTOX Cosmetic**.

• Swallowing problems may last for several months. People who cannot swallow well may need a feeding tube to receive food and water. If swallowing problems are severe, food or liquids may go into your lungs. People who already have swallowing or breathing problems before receiving **BOTOX** or **BOTOX Cosmetic** have the highest risk of getting these problems.

2. Spread of toxin effects. In some cases, the effect of botulinum toxin may affect areas of the body away from the injection site and cause symptoms of a serious condition called botulism. The symptoms of botulism include:

- loss of strength and muscle weakness all over the body

- double vision
- blurred vision and drooping eyelids
- hoarseness or change or loss of voice (dysphonia)
- trouble saying words clearly (dysarthria)
- loss of bladder control
- trouble breathing
- trouble swallowing

These symptoms can happen hours, days, to weeks after you receive an injection of **BOTOX** or **BOTOX Cosmetic**.

These problems could make it unsafe for you to drive a car or do other dangerous activities. See "What should I avoid while receiving **BOTOX** or **BOTOX Cosmetic**?"

There has not been a confirmed serious case of spread of toxin effect away from the injection site when **BOTOX** has been used at the recommended dose to treat chronic migraine, severe underarm sweating, blepharospasm, or strabismus, or when **BOTOX Cosmetic** has been used at the recommended dose to treat frown lines and/or crow's feet lines.

What are BOTOX and BOTOX Cosmetic?

BOTOX is a prescription medicine that is injected into muscles and used:

- to treat overactive bladder symptoms such as a strong need to urinate with leaking or wetting accidents (urge urinary incontinence), a strong need to urinate right away (urgency), and urinating often (frequency) in adults when another type of medicine (anticholinergic) does not work well enough or cannot be taken.
- to treat leakage of urine (incontinence) in adults with overactive bladder due to neurologic disease when another type of medicine (anticholinergic) does not work well enough or cannot be taken.
- to prevent headaches in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day.
- to treat increased muscle stiffness in elbow, wrist, and finger muscles in adults with upper limb spasticity.
- to treat the abnormal head position and neck pain that happens with cervical dystonia (CD) in adults.
- to treat certain types of eye muscle problems (strabismus) or abnormal spasm of the eyelids (blepharospasm) in people 12 years and older.

BOTOX is also injected into the skin to treat the symptoms of severe underarm sweating (severe primary axillary hyperhidrosis) when medicines used on the skin (topical) do not work well enough.

BOTOX Cosmetic is a prescription medicine that is injected into muscles and used to improve the look of moderate to severe frown lines between the eyebrows (glabellar lines) in adults for a short period of time (temporary).

BOTOX Cosmetic is a prescription medicine that is injected into the area around the side of the eyes to improve the look of crow's feet lines in adults for a short period of time (temporary).

You may receive treatment for frown lines and crow's feet lines at the same time.

It is not known whether **BOTOX** is safe or effective in people younger than:

- 18 years of age for treatment of urinary incontinence
- 18 years of age for treatment of chronic migraine
- 18 years of age for treatment of spasticity
- 16 years of age for treatment of cervical dystonia
- 18 years of age for treatment of hyperhidrosis
- 12 years of age for treatment of strabismus or blepharospasm

BOTOX Cosmetic is not recommended for use in children younger than 18 years of age.

It is not known whether **BOTOX** and **BOTOX Cosmetic** are safe or effective to prevent headaches in people with migraine who have 14 or fewer headache days each month (episodic migraine).

It is not known whether **BOTOX** and **BOTOX Cosmetic** are safe or effective for other types of muscle spasms or for severe sweating anywhere other than your armpits.

Who should not take BOTOX or BOTOX Cosmetic?

Do not take **BOTOX** or **BOTOX Cosmetic** if you:

- are allergic to any of the ingredients in **BOTOX** or **BOTOX Cosmetic**. See the end of this Medication Guide for a list of ingredients in **BOTOX** and **BOTOX Cosmetic**.
- had an allergic reaction to any other botulinum toxin product such as *Myobloc*®, *Dysport*®, or *Xeomin*®.
- have a skin infection at the planned injection site
- are being treated for urinary incontinence and have a urinary tract infection (UTI)
- are being treated for urinary incontinence and find that you cannot empty your bladder on your own (only applies to people who are not routinely catheterizing)

What should I tell my doctor before taking BOTOX or BOTOX Cosmetic?

Tell your doctor about all your medical conditions, including if you:

- have a disease that affects your muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig's disease], myasthenia gravis or Lambert-Eaton syndrome). See "What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic**?"
- have allergies to any botulinum toxin product
- had any side effect from any botulinum toxin product in the past
- have or have had a breathing problem, such as asthma or emphysema
- have or have had swallowing problems
- have or have had bleeding problems
- have plans to have surgery
- had surgery on your face
- have weakness of your forehead muscles, such as trouble raising your eyebrows
- have drooping eyelids
- have any other change in the way your face normally looks
- have symptoms of a urinary tract infection (UTI) and are being treated for urinary incontinence. Symptoms of a urinary tract infection may include pain or burning with urination, frequent urination, or fever.
- have problems emptying your bladder on your own and are being treated for urinary incontinence
- are pregnant or plan to become pregnant. It is not known if **BOTOX** or **BOTOX Cosmetic** can harm your unborn baby.
- are breast-feeding or plan to breastfeed. It is not known if **BOTOX** or **BOTOX Cosmetic** passes into breast milk.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal products. Using **BOTOX** or **BOTOX Cosmetic** with certain other medicines may cause serious side effects. Do not start any new medicines until you have told your doctor that you have received **BOTOX** or **BOTOX Cosmetic** in the past.

Especially tell your doctor if you:

- have received any other botulinum toxin product in the last four months
- have received injections of botulinum toxin, such as *Myobloc*® (rimabotulinumtoxinB), *Dysport*® (abobotulinumtoxinA), or *Xeomin*® (incobotulinumtoxinA) in the past. Be sure your doctor knows exactly which product you received.
- have recently received an antibiotic by injection
- take muscle relaxants
- take an allergy or cold medicine

- take a sleep medicine
- take anti-platelets (aspirin-like products) and/or anti-coagulants (blood thinners)

Ask your doctor if you are not sure if your medicine is one that is listed above.

Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

How should I take **BOTOX** or **BOTOX Cosmetic**?

- **BOTOX** or **BOTOX Cosmetic** is an injection that your doctor will give you.
- **BOTOX** is injected into your affected muscles, skin, or bladder.
- **BOTOX Cosmetic** is injected into your affected muscles.
- Your doctor may change your dose of **BOTOX** or **BOTOX Cosmetic**, until you and your doctor find the best dose for you.
- **Your doctor will tell you how often you will receive your dose of **BOTOX** or **BOTOX Cosmetic** injections.**

What should I avoid while taking **BOTOX** or **BOTOX Cosmetic**?

BOTOX and **BOTOX Cosmetic** may cause loss of strength or general muscle weakness, or vision problems within hours to weeks of taking **BOTOX** or **BOTOX Cosmetic**. If this happens, do not drive a car, operate machinery, or do other dangerous activities. See "What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic**?"

What are the possible side effects of **BOTOX** and **BOTOX Cosmetic**?

BOTOX and **BOTOX Cosmetic** can cause serious side effects. See "What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic**?"

Other side effects of **BOTOX** and **BOTOX Cosmetic** include:

- dry mouth
- discomfort or pain at the injection site
- tiredness
- headache
- neck pain
- eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.
- urinary tract infection in people being treated for urinary incontinence
- painful urination in people being treated for urinary incontinence
- inability to empty your bladder on your own and are being treated for urinary incontinence. If you have difficulty fully emptying your bladder after getting **BOTOX**, you may need

to use disposable self-catheters to empty your bladder up to a few times each day until your bladder is able to start emptying again.

- allergic reactions. Symptoms of an allergic reaction to **BOTOX** or **BOTOX Cosmetic** may include itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you are wheezing or have asthma symptoms, or if you become dizzy or faint.

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of **BOTOX** and **BOTOX Cosmetic**. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General Information about **BOTOX** and **BOTOX Cosmetic**:

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

This Medication Guide summarizes the most important information about **BOTOX** and **BOTOX Cosmetic**. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about **BOTOX** and **BOTOX Cosmetic** that is written for healthcare professionals.

What are the ingredients in **BOTOX** and **BOTOX Cosmetic**?

Active ingredient: botulinum toxin type A
Inactive ingredients: human albumin and sodium chloride

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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Irvine, CA 92612
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Patented. See: www.allergan.com/products/patent_notices



Based on 72284US16
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"What I've learned about migraine"



◀ "Attack them early!"

"The sooner you can attack the headache, the better. Whether you're an actress or you're a teacher or you're the postman, you have a job to do...and you can't be shut down for two days because of a migraine."

—actress **Jennie Garth**



◀ "Dodging triggers is key"

"I'm very careful about what I eat to avoid my triggers, like MSG...and today my headaches are decreasing in frequency and severity. I go years now without getting any, and I see that as a bonus!"

—former basketball star **Kareem Abdul-Jabbar**

"Find out if they run in your family!" ▶

"A day of excitement and eating used to always end in a horrible headache." —actress **Lisa Kudrow**, whose father and siblings also had migraines.



◀ "See your doctor—you owe it to yourself!"

"Knowing that I had something that could end the headache was such a relief. ...If you haven't been to the doctor and you're still suffering, every couple of years something new is being done. And you really owe it to yourself to go back." ⚡

—Brady Bunch star **Susan Olsen**

DID YOU KNOW? According to the Mayo Clinic, as many as 90% of people with migraines have a family history of them. Learning your family members' triggers may help you zero in on your own!

WHY WAIT FOR RELIEF?

Afrin® starts to relieve
nasal congestion **INSTANTLY**.

#1 Doctor &
Pharmacist
Recommended
Brand*



Nothing relieves nasal
congestion better**

Use as directed.

*Among leading nasal spray brands.

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**Among single-ingredient OTC decongestants.

"How I took control

These four patients feared they'd never find relief from their debilitating headaches. Today, they're working closely with their healthcare providers and thriving. Here are their inspirational stories.

BY LINDSAY BOSSLETT

"I avoid strong smells!"



"I started getting migraines in my teens, and I would just have to lie in bed and not move for hours," says Mary Obergfell. "I missed going out with friends, school events...so much while lying there in pain."

Eventually, her primary care physician taught her how to track her migraines. "Once I began tracking I realized I was getting them around certain strong smells," recalls the

41-year-old from Raleigh, NC. "The biggest offenders for me are flowers, cut grass and gasoline."

Mary learned to keep her doors and windows shut if someone was cutting the lawn nearby, to avoid flowers, and to ask friends and family members to refill her car's gas tank when they can.

"I was also given medication that's helped tremendously. I take it as soon as I feel a headache coming, and usually it stops it in its tracks."

Make Mary's strategies work for you by...

- **Choosing "scentless" flowers.** Can't abide the smell of flowers but miss having that pretty bouquet in your home? Try getting a bunch of sunflowers, dahlias or hibiscus, which don't

have strong scents. You can also pick up bouquets at supermarkets—the flowers sold there are often bioengineered to grow faster and larger, and have lost their natural scents as a result.

- **Investing in an air purifier.** These stand-alone gadgets, which go for as little as \$40 (find them online or at home appliance stores), help clear the air inside your home of offending odors.

- **Finding full-service gas stations.** If the smell of gasoline sets you off and you can't ask anyone to fill your car up, search for a full-service station near you (find one at fsgsnd.com). Another option is to wear an air filter mask while filling up. Find them at hardware stores or on Amazon.com.

of my migraines..."



"I tried acupuncture"

When Nancy Kay, 49, a divorce strategist and co-parenting coach in Columbus, OH, first heard acupuncture might help her cope with her worsening migraines—a study in *Archives of Internal Medicine* confirms it—she

was hesitant. "The needles scared me," she says. Then, last year, she met an acupuncturist who invited her to watch a session. Nancy was amazed by how serene it was. "The patient said the needles didn't hurt," says Nancy. "She just rested in the room with the lights off listening to soothing music."

Nancy began getting treatments twice a week. After about six weeks, her migraines dropped dramatically—from once or twice a week to once or twice a month. In addition to the acupuncture, she practices yoga and takes prescription medication as soon as she feels pain coming on.

Make Nancy's strategies work for you by...

- **Finding the right practitioner.** Look for a certified provider on the National Certification Commission for Acupuncture and Oriental Medicine website, nccaom.org. *Tip:* Try to get a referral from someone who's received acupuncture for migraines.

- **Being patient.** It can take six to eight weeks to see significant results. "I realized that acupuncture isn't a one-time quick fix," says Nancy. "I needed to allow my body time to respond." ▶

"I treat before the migraine hits!"

Nick Aker, 33, from North Caldwell, NJ, had simply accepted migraines as a part of life. "I had them for years, ever since I was a kid," he says. "I missed a lot of school because of them."

Nothing seemed to help—until he started tracking his headaches.

"I realized I would get a migraine as soon as someone opened a door or window, and that I could *sense* the pressure change. So I looked up how to 'pop' my ears—relieving the pressure in my head—and the migraines subsided. Now I know to do that right away—not to mention take my medication immediately—

if I feel a headache coming on. I haven't had anything more than the odd migraine from time to time."

Make Nick's strategies work for you by...

- **Looking for patterns.** Nick realized his migraines always came on after a pressure change, and that led him to find relief!

- **Learning how to "pop" your ears.** Vessels known as Eustachian tubes in your middle ear help regulate pressure levels in your head. Sometimes, especially if you change pressure levels rapidly (say, by going



on a flight), the Eustachian tubes won't regulate correctly, which can cause pressure to build up in your head. You can help relieve it by yawning widely or chewing gum.

"I got a therapy dog!"



A rare condition caused by a defect in **Mary Stadelbacher's** thoracic region—the area between the collarbone and the rib cage—was the start of her troubles.

"Not only did the condition leave me with limited use of my left arm, it also began to spark migraines," says the 50-year-old from Salisbury, MD. A botched surgery to fix the problem resulted in both a curse and a blessing.

"At the time I was training my black Lab, Major, to be a service dog" says Mary, owner of Shore Service Dogs, Inc., which specializes in training service and assistance dogs. "But with all the time

off I needed to recover, he wound up aging out of the qualification period. It was okay though, because it turned out *I* was the one who needed Major."

Mary's condition left her unable to carry anything—even a purse—without causing discomfort and sparking a migraine. So Major became *her* assistance dog.

"I literally could not leave the house if it wasn't for my dog," Mary says. "He carries my meds, my cellphone, my keys, my wallet—everything."

Mary was devastated when Major

passed away earlier this year, but had already begun training Sam, a foxhound beagle mix rescue, to step up and fill Major's role.

"He is just the sweetest dog," she remarks. "He's a lifesaver."

Do you qualify for a service dog?

There are many different types of working dogs, from therapy dogs who provide comfort, to service dogs who perform tasks to assist people. Certified service dogs can accompany you anywhere—even planes. There are service dogs specifically trained for people who have migraines—they can alert you before your migraine strikes and bring you your medications, among other things. If migraines are making it difficult for you to leave your home, a service dog may be right for you.

- **Find the right type of help.** Different organizations specialize in different types of service dogs. Be sure the one you choose knows how to train a dog for your needs.

- **Be prepared to care for one.** Service dogs are very expensive—upward of thousands of dollars—and may require years of training. They also require a lot more care than a regular house pet—you

must continue their training throughout their lives, and they will experience more wear-and-tear (and thus may need more medical care) from working than a house pet. 

**"MY DOG
HELPED
ME GET
BACK TO
LIVING LIFE
AGAIN!"**

**Our expert:**

Stephen D. Silberstein, MD—professor of neurology and director of the Jefferson Headache Center at Thomas Jefferson University in Philadelphia

BIOFEEDBACK: WORTH IT?

Q What is biofeedback and can it really work on migraines?

A Yes, it can! Here's how it works: A machine monitors your temperature, brain waves, heart rate and other vital signs to see how you respond to stress—a common migraine trigger. Once you see how stress affects your body, you can learn how to ease symptoms—and even gain some control over the blood flow to your brain.

ARE MY MEDS GIVING ME MIGRAINES?

Q My doctor told me I may be giving myself rebound headaches by taking too many pain meds. How can I cut back without suffering?

A It's true! Taking too many acute painkillers—medications used to treat the sudden onset of pain—can have a rebound effect. Once the medication wears off, the headache will return. This can happen if you take more than the recommended dosage, or if you take the drug too often. Luckily, you don't have to go off painkillers cold turkey or suffer through a migraine without medication. Today we have what are known as "bridge medications"—drugs that will help you taper off painkillers without serious side effects. You can also talk to your doctor about tapering your doses of your current painkiller, letting your body adjust slowly to taking less and less rather than shocking it by stopping the medication all at once. If frequent migraines see you turning to acute painkillers too often (if you suffer 15 or more headaches a month, each lasting four hours or more, you may have Chronic Migraine), ask your doctor if preventive medications might be an option for you.

THE NATIONAL HEADACHE FOUNDATION'S CERTIFICATE OF ADDED QUALIFICATION (CAQ)

RECOGNIZE

physicians with an advanced level of experience in headache management.

ESTABLISH

a credentialing body for physicians treating headache and thus facilitate patient care.

STIMULATE

physicians' interest in headache and its management

SERVE

as an alternative or addition to board certification in headache medicine from the United Council of Subspecialties (UCNS) certification which requires a 1-year fellowship in headache medicine at a qualified center.

ENHANCE

the ability of patients to identify those physicians with expertise and interest in headache.



A WORLD WITHOUT HEADACHE

FOR MORE INFORMATION

[VISIT HEADACHES.ORG/CAQ]

[CALL (888) NHF-5552]

Migraine-proof



A few easy and remarkably effective strategies can help you fend off migraines at home, at work and on the road.

BY KAREN ASP

AT HOME

- **Do something you love every day**—whether it's reading to your kids, playing with your dog or making dinner with your partner. "Building in these little breaks will restore your nervous system and help your brain make 'feel-good' chemicals like serotonin and beta endorphins, which can protect against migraines," says Roger K. Cady, MD, founder and medical director of the Headache Care Center in Springfield, MO.

- **Hit the sheets regularly.** Aim for seven to eight hours of shut-eye each night, and go to bed and wake up at the same time every day. If you have any sleep problems, see your healthcare provider. Studies have found a relationship between disturbed sleep (for instance, waking up frequently throughout the night) and more frequent or severe migraines.

- **Eat on a schedule.** Be consistent, since skipping meals can trigger migraines. Make sure, too, that you're getting protein and complex carbohydrates at each meal. Protein will prevent blood sugar fluctuations, which can trigger migraines, while complex carbs will prevent your blood sugar from dropping. A migraine-friendly breakfast could include eggs with turkey sausage, fresh fruit and yogurt, or peanut butter on whole-wheat toast.

- **Get moving.** Aim for about 30 to 40 minutes of exercise daily. Doing housework and walking your dog both count! A recent study found that when migraine sufferers did aerobic exercise for 40 minutes three times a week for three months, the frequency of attacks was reduced by 25% on average. Exercise can also improve your quality of sleep and reduce stress, both of which can help ward off migraines.

your life

ON THE ROAD

- **Pretreat.** Travel can be difficult for migraine sufferers, since any change in your usual schedule can be a trigger. If travel sets off your headaches, ask your healthcare provider about pretreating with a triptan. Take it about an hour before you leave and perhaps for one to two days afterward, recommends Dr. Cady. If that works, do the same thing on your way home.

- **Acclimate to altitude.** An altitude change can cause a migraine, so limit exercise and stay hydrated, says Stephen Silberstein, MD, professor of neurology at Thomas Jefferson University in Philadelphia.

AT WORK

- **Get comfortable.** Is your desk not the right height for you? Are your feet dangling instead of planted on the floor? If so, make some changes. "If one part of your body hurts, your whole body will hurt, which could bring on a migraine," says Dr. Silberstein.

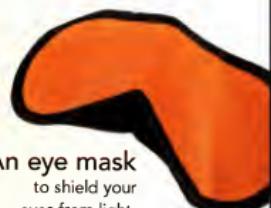
- **Cut down on glare.** The light on your computer screen could trigger a migraine. Consider installing an anti-glare screen on your computer.

- **Create a focal point.** Put a photograph, small object or something that holds meaning to you in your office. Make a point of looking at it several times a day. Take a few deep breaths, which will decrease your stress level and help you avoid migraines, says Dr. Cady.

- **Check the lighting.** Flashing or fluorescent lights can be a pain! If the lighting in your office can't be changed, consider wearing shades with polarized lenses, says Dr. Silberstein. And if you're sitting near a window, you'll need to lower the blinds or wear sunglasses. ☺

Your migraine tool kit

If you suffer from migraines, create a personalized migraine kit, which can come to your aid if a severe headache strikes unexpectedly. Here are some items to include:



An eye mask
to shield your
eyes from light.



A bottle of water
Dehydration can lead to
headaches. You'll also need
water to take your migraine
medication.



Medication
can treat a
headache ASAP.



**A cold compress
or pack**, which can
help your throbbing head.

10 questions for your next exam

Good communication is the key to effective treatment for your migraine. Get started by asking these questions.

1. Could my headache be a migraine?
2. What's the best way to identify my triggers?
3. Could any of my medications be making my headaches worse?
4. Which treatment do you recommend and why?
5. Should I expect any side effects?
6. How can I tell when a migraine is coming on, and at what point should I start taking medication?
7. Could I benefit from preventive therapies?
8. How long should I wait to assess if the preventive therapy is working to stop my headaches?
9. Could I have Chronic Migraine?
10. When should I come back to see you?

Resources you need...

Looking for more info on migraines? Hoping to connect with others who understand you? These organizations offer the answers you want and the support you need, and you can visit them all with a click by logging on to HealthMonitor.com/MigraineResources



The AHMA exists to **E.A.S.E.** the burden of Migraine and other Headache Disorders through Education, Awareness, Support, and Engagement.



The National Headache Foundation enhances the health of those with migraine by providing educational and informational resources, supporting headache research and advocating for the understanding of headache as a legitimate neurobiological disease.



The American Migraine Foundation (AMF) supports

innovative research and education that will lead to improvement in the lives of those who suffer from migraine and other related disorders.



If you have Chronic Migraine, don't live a maybe life. Visit MyChronicMigraine.com to learn about treatment options, get inspired by real-life stories, track your headaches/migraines and find a Headache Specialist near you.



The American Chronic Pain Association (ACPA) facilitates peer support and education for people with chronic pain and their families so that they may live a fuller life. ACPA also raises awareness of issues associated with chronic pain.



NATIONAL FIBROMYALGIA & CHRONIC PAIN ASSOCIATION. Migraines and chronic pain are a challenge to manage. Join the National Fibromyalgia & Chronic Pain Association (NFMCPA) at FMCPaware.org for education, research information and important advocacy programs to improve your healthcare and protect your access to care.

Save on your medication!

Use our **FREE** Pharmacy Discount Card and save up to 94% on your prescription—even if you have insurance or another discount card!

For more info, visit
HealthMonitor.com/Savings

